

PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ Workers Comp

Medicare Number _____ Third Party

EXAMINATION
REQUESTED

General X-Ray 3D Mammography Other: _____

OPG / Dental Bone Mineral Density _____

CT (low dose) MRI _____

Ultrasound Interventional Procedure _____

AREA TO BE EXAMINED
& CLINICAL NOTES

Allergies _____ Urgent _____

For IV contrast exams, recent creatinine level / eGFR: _____

REFERRER DETAILS

Name* _____ **Specialty*** _____

Address* _____ **Provider Number*** _____

Contact Number* _____ **Fax Number:** _____

**Must be completed*

Signature* _____ **Date*** _____

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

All reports and images are available electronically. Please tick below for your additional requests.

REPORTS Urgent Results Fax Download
 Phone Film Copy reports to: _____

Referral Pads Required



WHERE TO FIND US



📍 20 Park Avenue
PO Box 1224
Coffs Harbour NSW 2450

☎️ (02) 6691 7800

📠 (02) 6691 7822

✉️ bookings@beachrad.com.au

📠 **MRI BOOKINGS:**
mribookings@beachrad.com.au

🌐 Monday to Friday 8.30am - 5.00pm
Closed weekends and public holidays

ABN 33 607 027 391

PATIENT PREPARATION

- X-RAY/OPG:** No appointment or preparation required.
- CT:** You will receive instructions before your appointment.
- ULTRASOUND ABDOMEN:** Fast 4 hours. Clear fluids are permitted. No smoking. No chewing gum.
- ULTRASOUND PELVIS/KUB & OBSTETRIC:** **Must present with a full bladder.** We suggest drinking 600mls, to be finished 1 hour prior to appointment time.
- MAMMOGRAPHY:** Do not wear deodorant or powder before your exam. **A two-piece outfit is preferred,** as you will need to remove everything from the waist up.
- MRI:** As advised by booking clerk.
Email referral form to: mribookings@beachrad.com.au

SERVICES

- **General X-Ray**
- **Fluoroscopy / Screening**
- **OPG / Dental**
- **Cone Beam CT**
- **MRI**
- **CT (low dose)**
- **Ultrasound**
General
Obstetrics / Gynaecology
Musculoskeletal
Vascular
Doppler
- **Interventional Procedures**
- **Echocardiography**
- **FNA & Core Biopsy**
- **3D Mammography**
- **Bone Mineral Density**

Appointment Date:

Appointment Time:

Preparation:

Your doctor has recommended you use Beachside Radiology. You may choose another provider but please discuss this with your doctor first.



PLEASE BRING ANY PREVIOUS IMAGES AND REPORTS

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